

**SWIMMING POOL RECREATIONAL SWIM****PARTICIPANT REGISTRATION FORM****PLEASE PRINT:**

Participant/Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Day #: ( ) Evening #: ( ) Cell #: ( )

E-mail address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Day Phone #: ( ) Cell #: ( )

*(Read these documents completely before signing)***MEDICAL TREATMENT PERMISSION & ACKNOWLEDGMENT OF RISK:**

In consideration of my participation in the activity provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS), I, for myself or on behalf of the participant who I represent, authorize City of Norfolk employees to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to this activity. I acknowledge the risks and responsibilities involved in these activities, and assume the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Participant / Parent or Guardian Date**PHOTO PERMISSION RELEASE AGREEMENT:**

OPTIONAL: I understand that I, or the participant who I represent, may be photographed and/or videotaped while participating in this activity. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space to use said photographs and/or videotapes in Department publications, media campaigns, and/or for educational and safety training purposes. I further waive any compensation for publishing and/or printing such photographs. I understand that by affixing my signature on this form, I attest to having read, fully understand and agree to the conditions as set forth above.

I, \_\_\_\_\_, have read and understand the above information

\_\_\_\_\_  
Signature of Participant / Parent or Guardian Date\_\_\_\_\_  
Signature of Norfolk Aquatic Staff Date Pool Facility**PARTICIPANT INFORMATION AND SWIMMING EXPERIENCE**

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Has your child (participant) or you ever participated in a swimming lesson? YES\_\_\_ NO\_\_\_

Can your child (participant) or you tread water or swim safely in water depth over your head? YES\_\_\_ NO\_\_\_

## SWIMMING POOL RECREATIONAL SWIM

**Please list any physical or medical issues that apply to you**

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